

Work Order ID 100491

April-22-13 1:41:37 PM

100491

Page 1

Item ID: 646.3310

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: LH Half

Stop

NS2

Start Date: 4/22/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 13-04-25

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3300	N/C	0.00							
110 *110* HAAS 1	HAAS CNC VERTICAL MACHINING #1 Memo 1-Machine per folio FB154 DWG REV: <u>N/C</u> FOLIO REV: <u>AA</u>	0.00	5.0	13/05/19		10	0		DAS 08 9-09
HAAS CNC vertical machine #1	2- deburr and break all sharp edges								
120 *120* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00	5.0	13/05/19		10	0		DAS 08 9-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
Part No. _____	<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update		<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab		<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite		<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier		<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other				
NCR No. _____													
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
 Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
												<input type="checkbox"/> Other	

Work Order ID 100491

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Page 2

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Item ID: 646.3310

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N900040100

Setup

Start

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Start Date: 4/22/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

130

QC

Memo

0.00

Quality Control

10

DAS
25
08/03/2013

131

131

HandFinish

Memo

0.00

Hand Finishing

CLEAN AND REMOVE ALL PART MARKING

10

08/03/2013

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

140

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 19997
Black Anodize as per Dwg 646.3300

08/03/2013 10

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>				Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>	
												<input type="checkbox"/>		Other	

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Page 3

April-22-13 1:41:37 PM

Item ID: 646.3310

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N900040100

Setup

Start

NS1

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Stop

NS2

Item Name: LH Half

Start Date: 4/22/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Receive & Inspect for Damage & Mat'l Certs

0.00

150

Packaging

Packaging

10X

SP

13-67

155

QC5- Inspect part completeness to step on W/O

0.00

155

QC

Quality Control

0.00

160

Spray Painting per QSI005 4.2

0.00

160

SprayPaint

Spray Painting

Memo

PRIME AS PER DWG, SEE NOTE #2

PRIMER BATCH: 125452

CY 13/05/28 ②

SP 13-67

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____	<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update		<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab		<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite		<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier		<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
NCR No. _____												
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear	General											
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced							
	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure							
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld							
	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled							
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved								
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong								
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge								
	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset		<input type="checkbox"/> Other							
	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration									
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence										
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions										

Work Order ID 100491***100491***

Page 4

April-22-13 1:41:37 PM

Item ID: 646.3310

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: LH Half

Start Date: 4/22/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/22/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

170

170

QC

Quality Control

QC14- Inspect Spray Paint

0.00

21

10

10

180

180

Packaging

Packaging

Identify as per dwg & Stock Location: 8T537 0.00

0.00

Memo

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

16x 80
13-6-7

190

190

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/6/10 80

WF

13-6-10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>				
Crushed/Crimped				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>				
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
Heat Treat				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Part Moved <input type="checkbox"/>					
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
Ripples in Bend				Drill Holes <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>				
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Offset <input type="checkbox"/>					
Turning Sequence				Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
					Outside Dimensions <input type="checkbox"/>						

Picklist Print

April-22-13 1:41:37 PM

Page 1

Work Order ID: 100491**Parent Item:** 646.3310**Parent Item Name:** LH Half**Start Date:** 4/22/13**Required Date:** 4/22/13**Start Qty:** 10.00**Required Qty:** 10.00**Comments:** IPP REV:A NEW ISSUE 12/11/17 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B7.000X2.000 7075-T6 BAR 7.000" X 2.000" (order in billets)		Purchased	No				f	6.9200		11.736842			

Location	Loc Qty	Loc Code
MAT001	6.92	
124030	6.92	

M125584 X 11.74 on 13/05/12

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				General Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/>				Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/>	
												<input type="checkbox"/> Other			

APICAL
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03724

SHEET 1 OF 1

DWG NO. 646.3300

REV: N/C

PREPARED
BY B. PETERS

DATE: 12/05/12

EFFECT ON DWG
 INC. UNINC.

DWG TITLE: UPPER CUTTER ASSY

APPROVED BY:

ENGR: *H. Bram*

MFG:

David Baker

QC: *John*

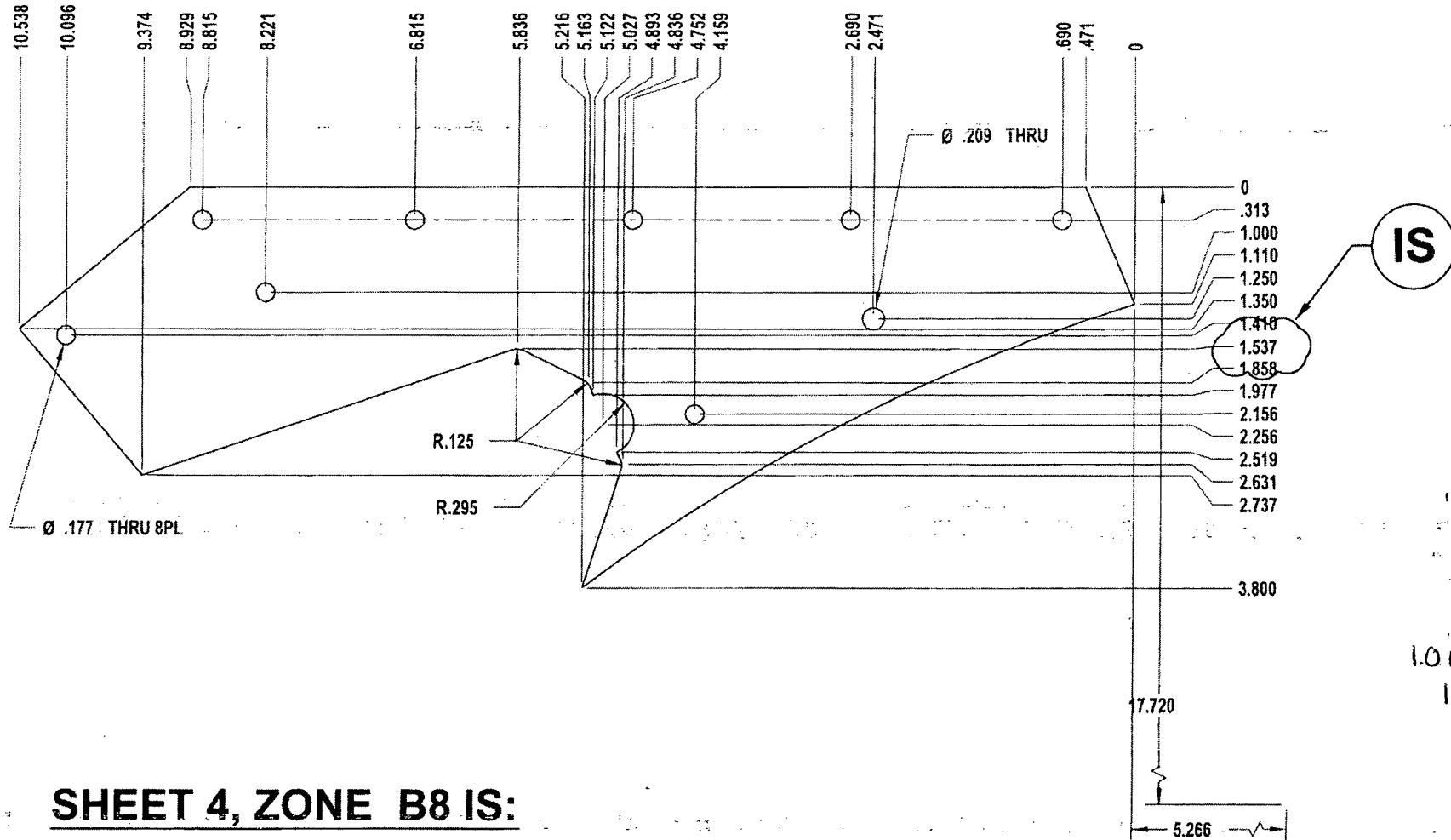
EFF: NEXT ORDER

TRANSACTION CODES (TC)
A-ADD C-CREATE
R-REVISE D-DELETE

REASON:

REVISED ORDINATE DIMENSION.

ECR: D-12-025



SHEET 4, ZONE B8 IS:

DOCUMENTS EFFECTED:

RFMS MDL INSTALL INSTRUC ICA BOM

CHANGE CATEGORY
 MAJOR MINOR

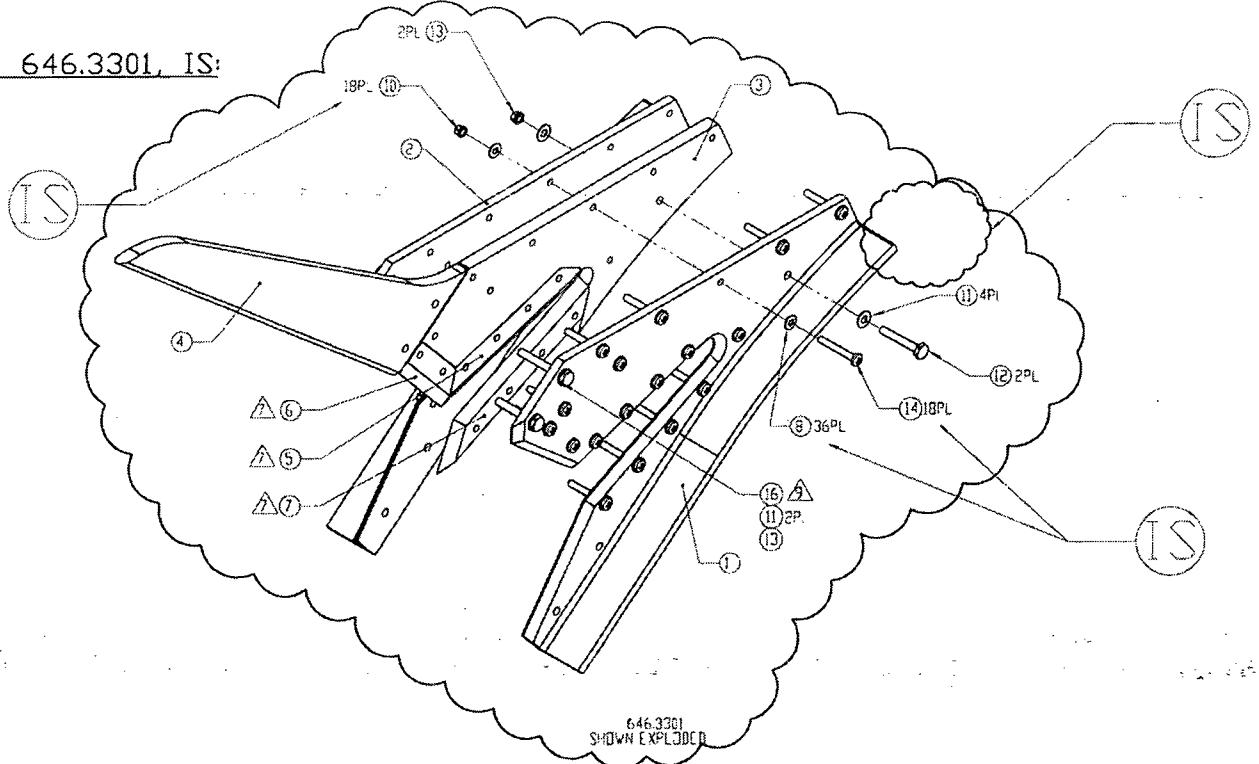
DER REVIEW REQUIRED
 YES NO

10049.1 MCJ
13-04-25

100491

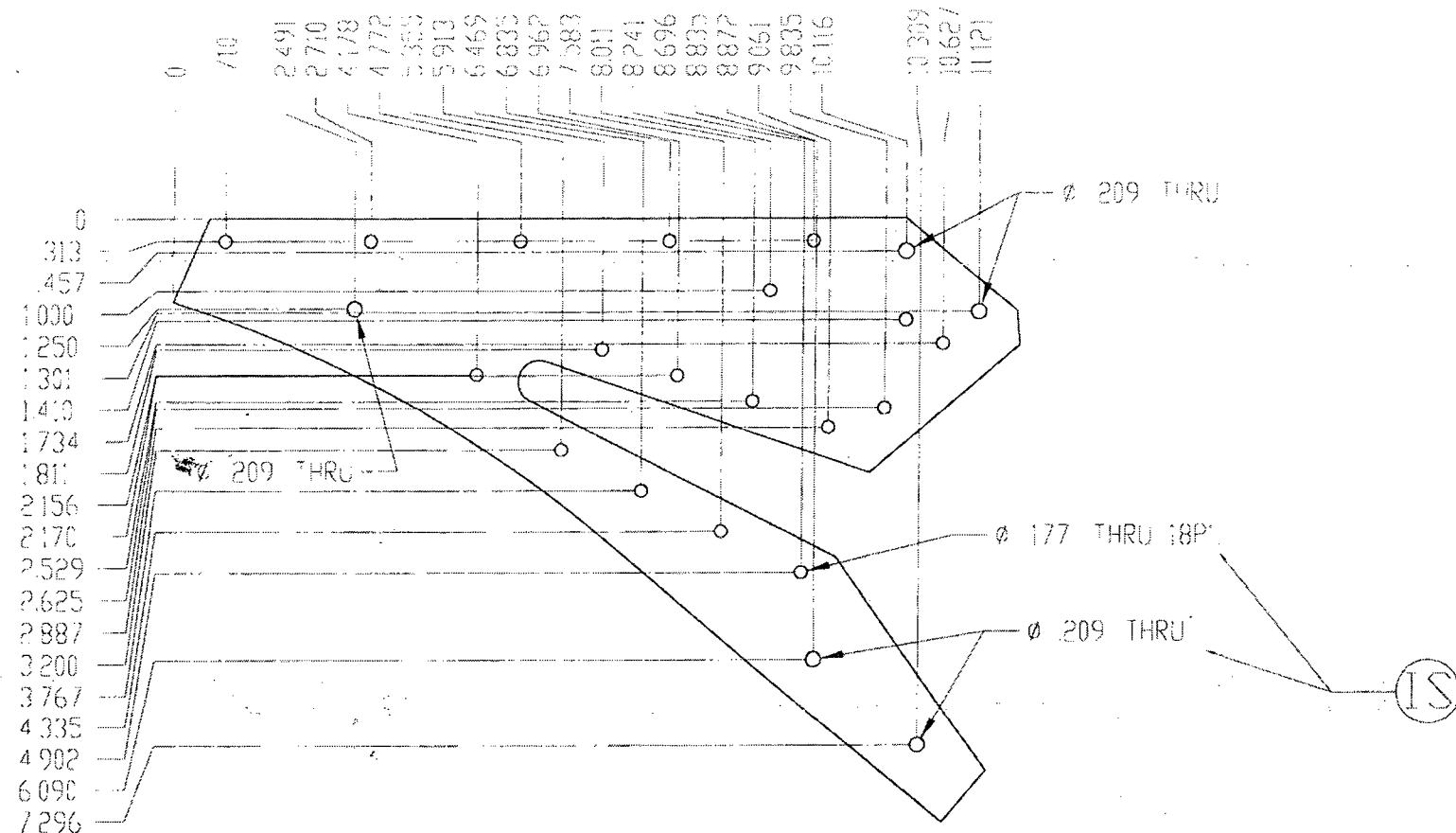
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 02196				SHEET 1 OF 2	
	DWG NO. 646.3300	REV: N/C	PREPARED BY S. HUFF	DATE: 01/05/09	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
DWG TITLE: UPPER CUTTER ASSY						
APPROVED BY: ENGR <i>P. Brown</i>	MFG <i>Dan Embel</i>	QC <i>S. St</i>	EFF: NEXT ORDER			
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS					

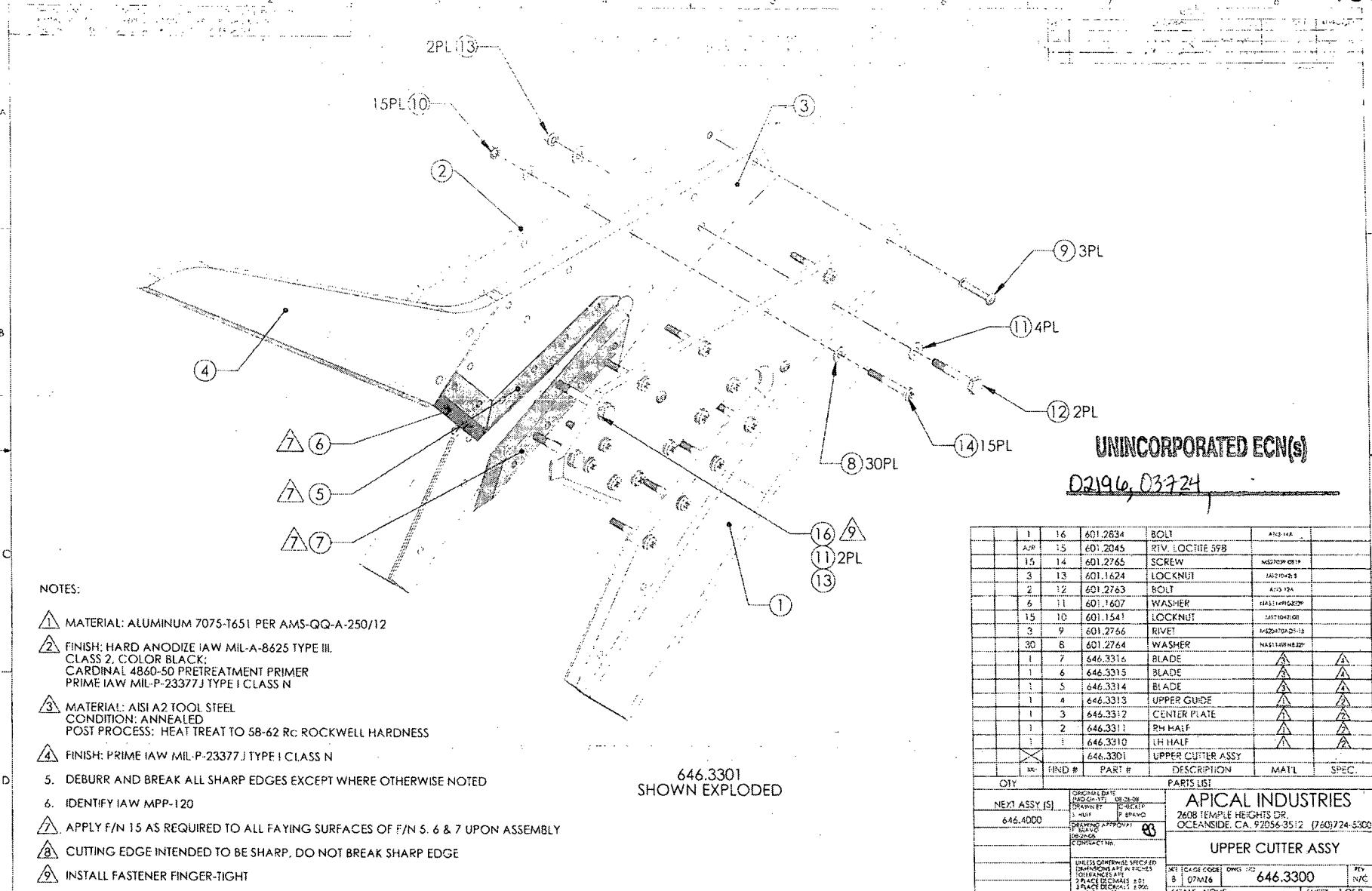
SHEET 1, VIEW 646.3301, IS:



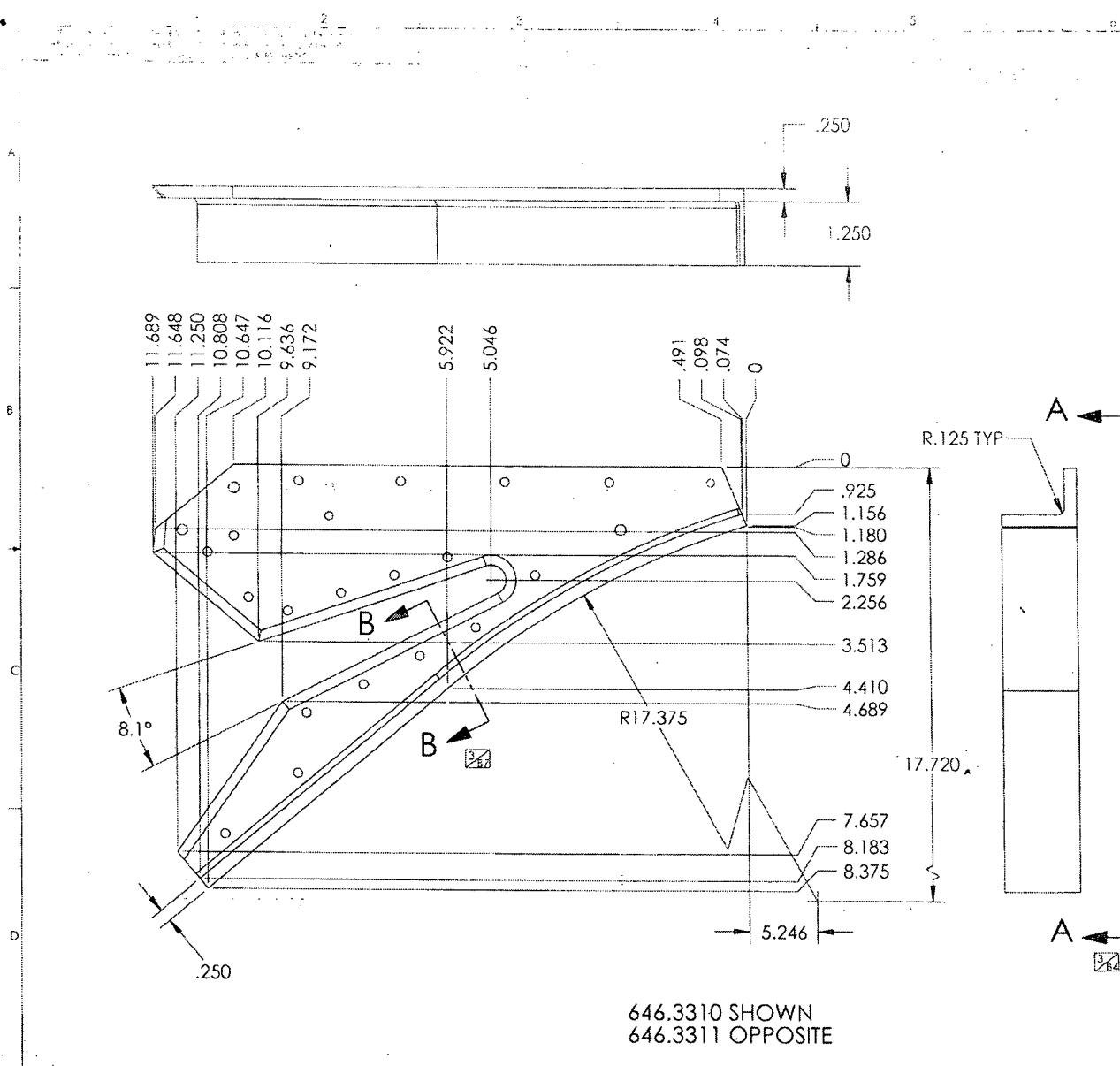
14	R	601.2765		18	SCREW	MS27039-0819
10	R	601.1541		18	LOCKNUT	MS21042L08
9	D	601.2766		3	RIVET	MS20470AD5-18
8	R	601.2764		36	WASHER	NAS1149FN832P
			,3301			
F/N	TC	PART NUMBER	QTY	DESCRIPTION		MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> MDL <input checked="" type="checkbox"/> INSTALL INSTRUC <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SHEET 3, SECTION VIEW A-A, IS

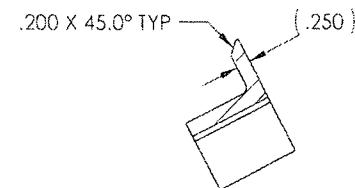
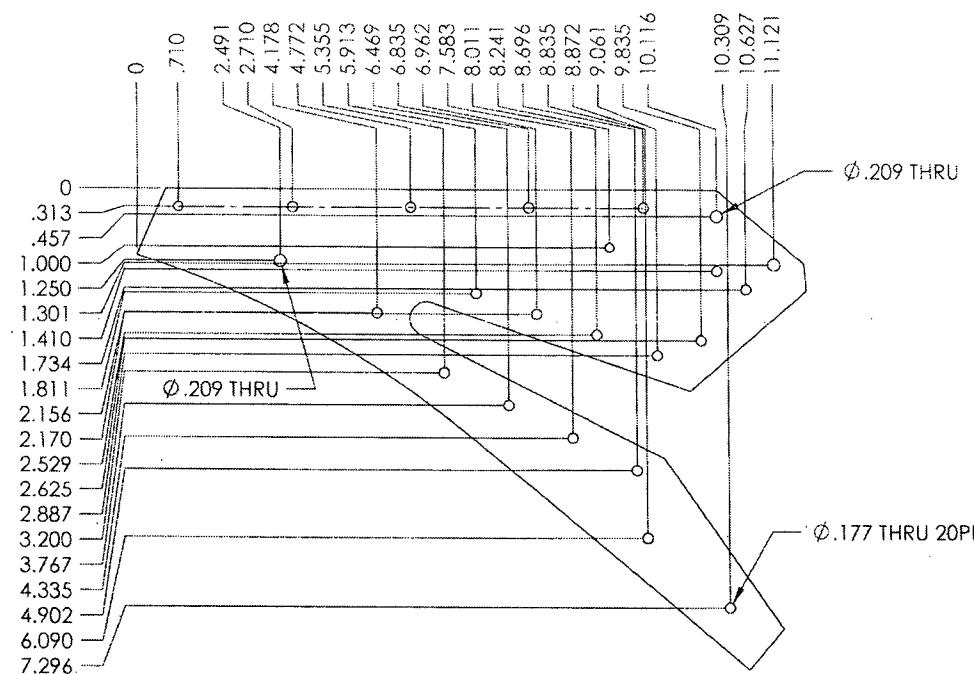




100491



100491



SECTION B-B

SECTION A-A

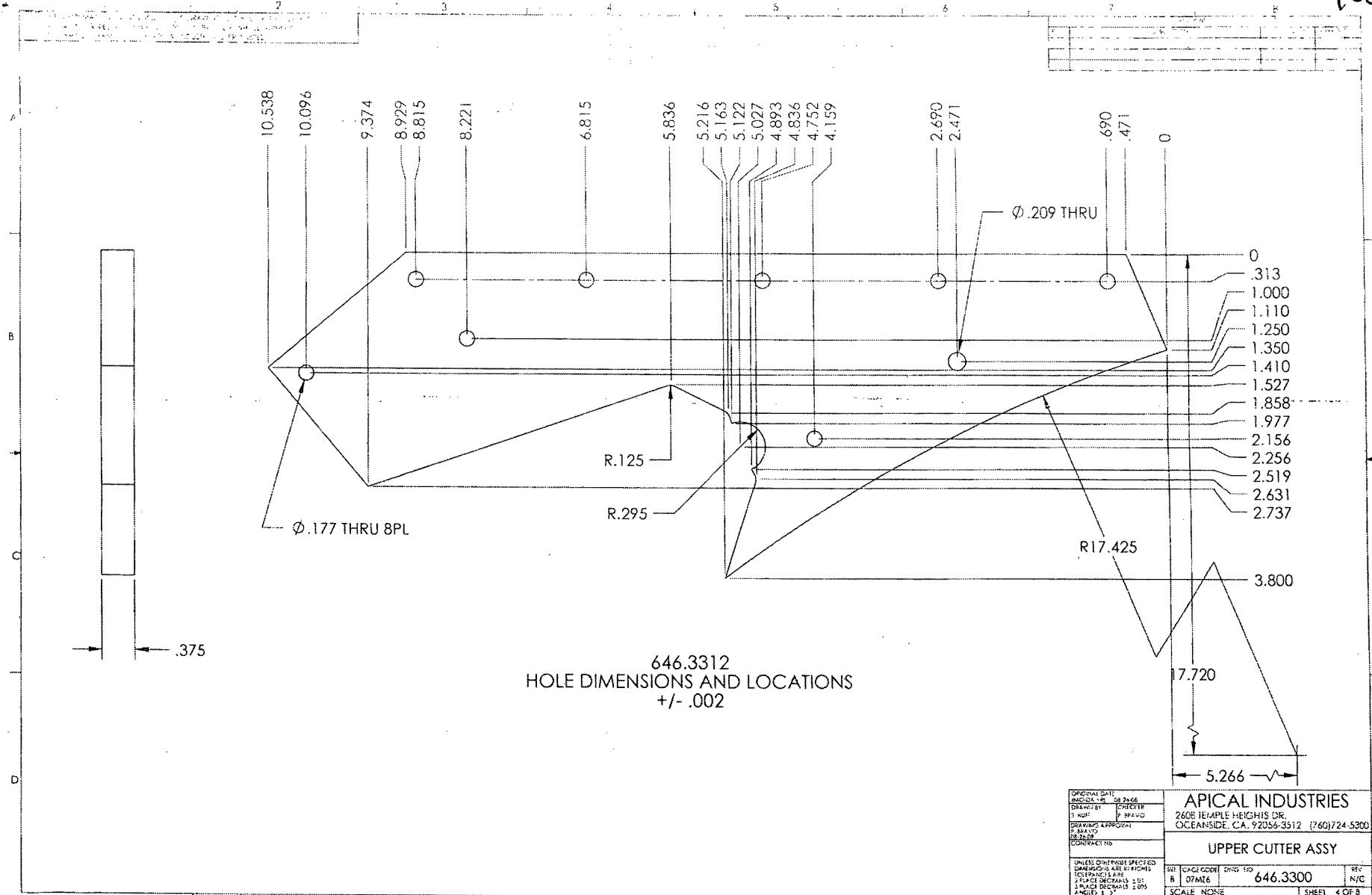
ORIGINAL DATE	28-06-05		
DRAWN BY	SCHEFER		
T. RUFF	P. BOLVO		
DRAWSNG APPROVAL			
COMPUTER FILE			
UNITS: INCHES SPECIFIED DIMENSIONS ARE IN INCHES			
2 PLASTIC DECKALS ±.01 2 PLASTIC DECKALS ±.01 ANGLE: 1.5°			
REV	CAGE CODE	ENG. ID	REV
B	D7M16	646.3300	H/C
SCALE: NONE		1 SHEET 3 OF 6	

APICAL INDUSTRIES

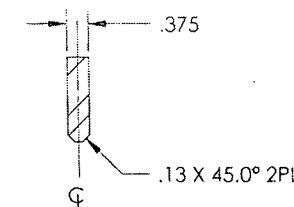
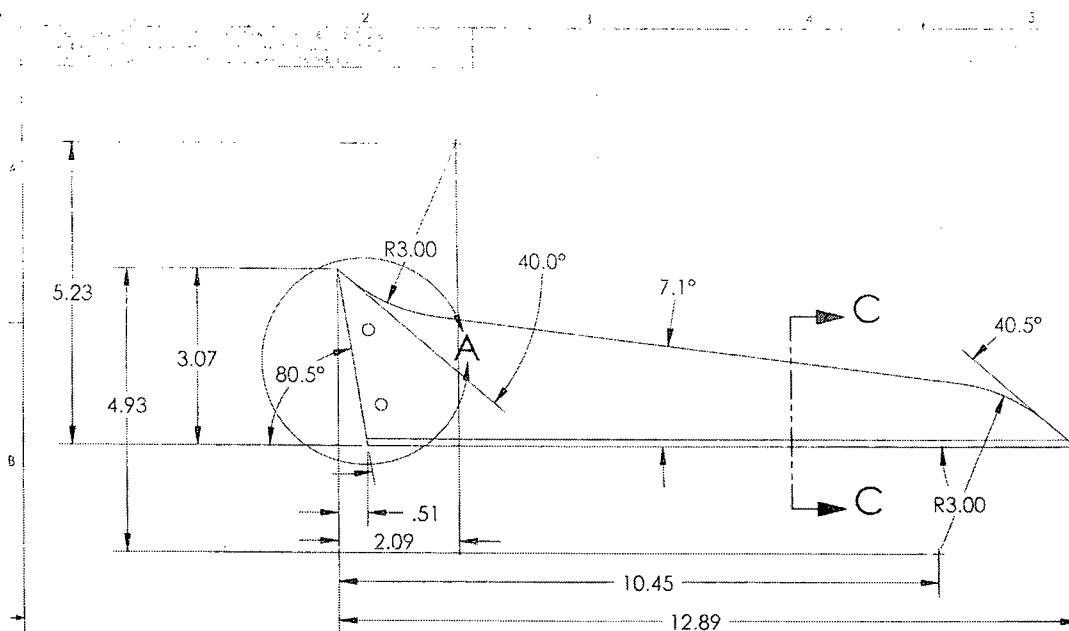
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

UPPER CUTTER ASSY

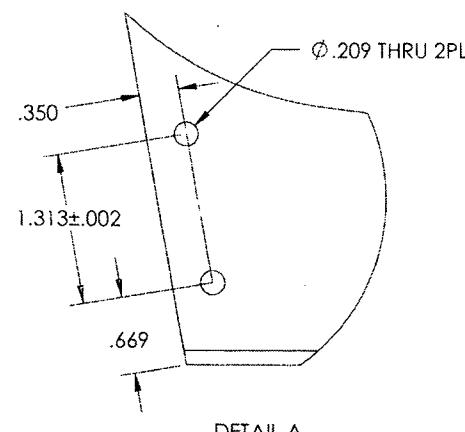
100491



100491



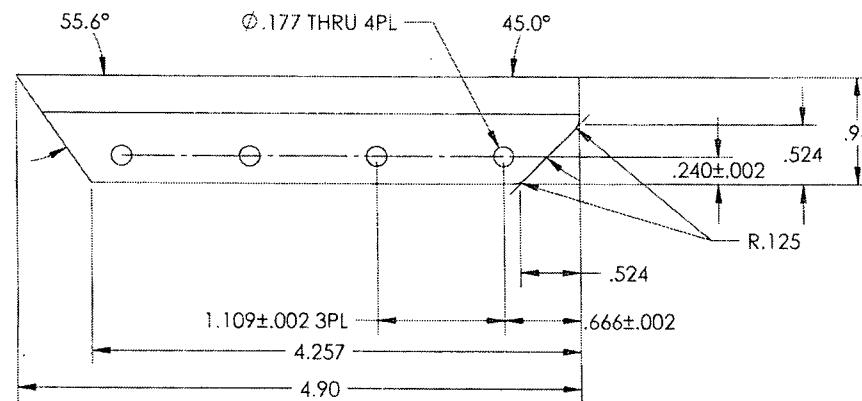
SECTION C-C



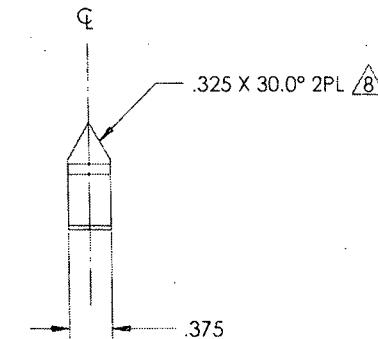
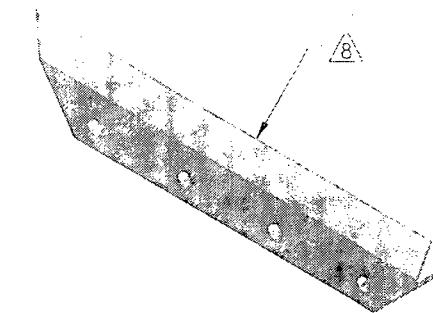
646.3313

ISSUED DATE 10/03/01	REVISED DATE 08/26/02	APICAL INDUSTRIES
DRAWN BY P. REEDER	DESIGNED BY P. REEDER	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVED: P. REEDER P. REEDER P. REEDER		
SCALE: 1:1	CALL. CIRCLE: 8	DRAW. NO.: 646.3300
ANGLE: ± 3°	DATE: 07/17/02	REV: 1

100491



646.3314



ORIGINAL DATE 05-04-94	REVISION DATE 05-04-94	SPANNING S. HULL	SPANNING A. HULL	SPANNING A. HULL REMOVAL	SPANNING A. HULL REMOVAL	SPANNING A. HULL REMOVAL	SPANNING A. HULL REMOVAL
1.0000000000000000	0.9400000000000000	0.5240000000000000	0.5240000000000000	0.2400000000000000	0.2400000000000000	0.2400000000000000	0.2400000000000000
0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000
0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000	0.0000000000000000
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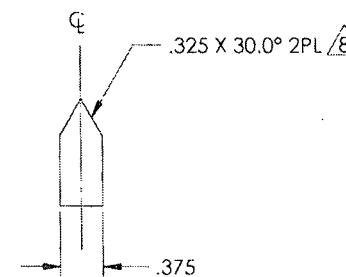
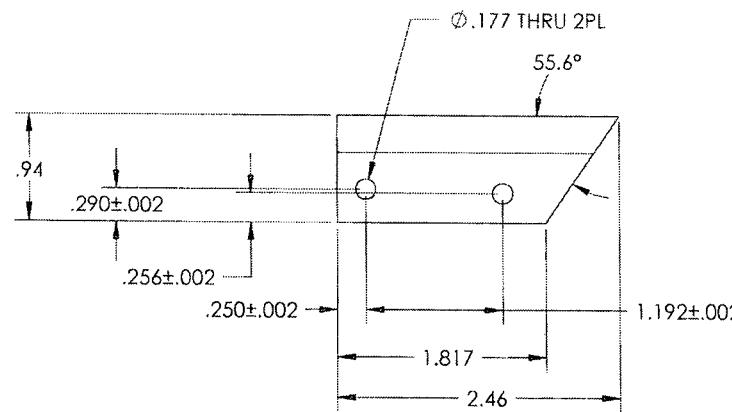
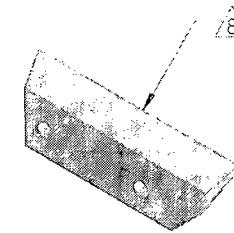
APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

UPPER CUTTER ASSY

REF. GAGE CODE	DATE NO.	646.3300	REV.
B 07M26	2/20/94	0.00	14C
2 FLAT SURFACES ±0.01	ANGLE 0.000000 ±0.000000	SCALE NONE	Sheet 6 of 6

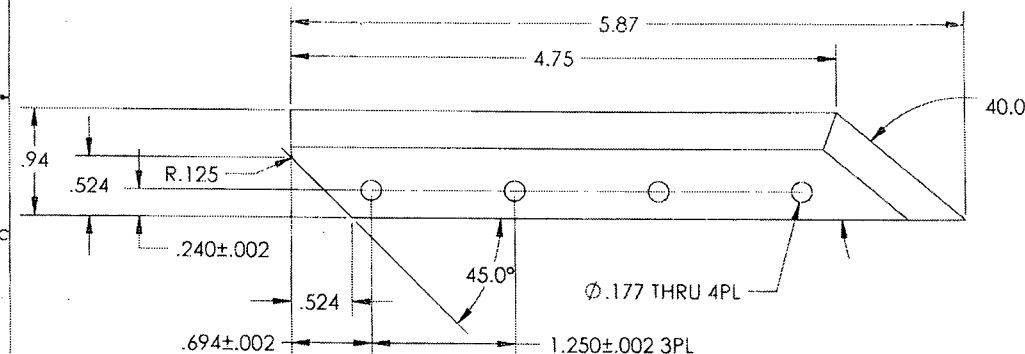
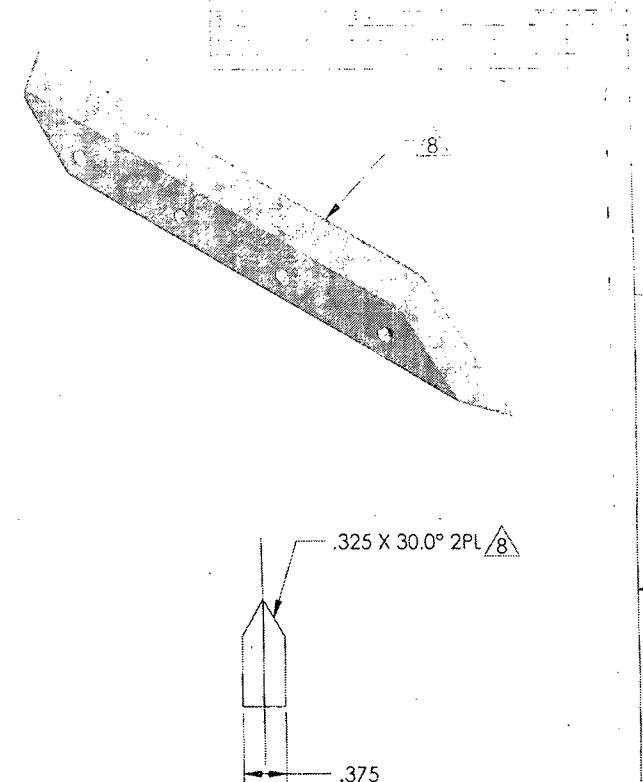
100491



646.3315

OPTIONAL DATA EX-0-24-#1 62-24-06 DRAWN BY: J. RECH REV: 1.0 SPECS: 100-1000 PROD: 100-1000 MATERIAL: 100-1000 PROD: 100-1000 MATERIAL: 100-1000	APICAL INDUSTRIES 260B TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300
UPPER CUTTER ASSY	
SEC: 1 CASH CODE: B DWG. NO: 074716	REL: 1 DWG. NO: 646.3300 SCALE: NONE SHEET: 7 OF 8

100491



646.3316

DART AEROSPACE LTD	Work Order:	100491
Description: L H HALF	Part Number:	646.3310
Inspection Dwg: 646.3300 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	J.A	DAS 08	Audited by:	DRU 25	Preliminary Approval:
Date:	13/05/19 9-09		Date:	13-05-21	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

150 p1 2018



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62433

Date: 06-Jun-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	
1 lot	Part: ASST 10 PCS 646.3310 10 PCS 646.3312 10 PCS 646.3313 10 PCS 646.3610 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130348	Rev: PO: 19997 Line:
1 lot	Part: ASST 20 PCS 646.3712 20 PCS 646.3716 19 PCS 646.3711 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N 12 PCS D4703-043 BLACK ANODIZE MIL-A-8625 TYPE II CLASS 2 Job: 20130347	Rev: PO: 20070 Line: <i>SP B-6-6</i>
		Certificate of Conformance



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62433

Date: 06-Jun-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7.
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	<p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>6/6/13</u></p> <p>CERTIFIED SIGNATURE: <u>M</u></p> <p>RECEIVER SIGNATURE: _____</p>

Dart Aerospace Ltd.
1270 Aberdeen Street
~~Hawkesbury, ON K6A 1K7~~
Tel: 613 632 9577

OUTSTANDING PO REPRINT

Purchase Order ID PO19997
Purchase Order Date 5/28/2013
PO Print Date 6/6/2013

Page Number 1 of 4

Order From : VC-ATG001

A.T.G. INDUSTRIES INC.
731 INDUSTRIELLE ROAD
ROCKLAND, ON K4K 1T2
CANADA

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	CAD
	FOB	Destination-Collect

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
Ship To :	DART AEROSPACE LTD	1270 ABERDEEN HAWKESBURY, ON K6A 1K7 CANADA				

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	100491	646.3310 LH HALF	6/7/2013 Yes	10.00		\$12.4625	\$124.63

13-6-6
Special Inst: FINISH BLACK ANODIZE PER IAW
MIL-A-8625 TYPE III,
CLASS 2, COLOR BLACK

Line Total: \$124.63

FINISH: PRIME AS PER IAW MIL-P-
23377J TYPE I CLASS N

2	100344	646.3311 RH HALI	6/7/2013 Yes	10.00	\$0.0000	\$0.00
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